# COMMUNITY COLLEGES OF SPOKANE PROCEDURE FOR DIRECT DEPOSIT AUTHORIZATION OF NET PAY

### **GENERAL**

CCS employees may, subject to the requirements described herein, authorize their salary to be deposited by electronic means to a participating (as determined by CCS) financial institution of their choice. The employee's entire net pay will be deposited to their account on the scheduled payroll date.

#### **Employee Eligibility Requirements:**

- 1. Effective 4/1/04 all CCS Employees are eligible for Direct Deposit of employee net pay.
- 2. Employee must have completed the Washington State Direct Deposit Authorization Form.

#### **Procedures for Direct Deposit:**

- 3. <u>Employee</u> obtain copy of the Direct Deposit Form from the Community Colleges of Spokane Payroll office. A copy is provided with these procedures. The form is also available on the Employee Compensation (Payroll) Internet Web Site: http://inet.ccs.spokane.edu/busoff/EmpComp.htm
- 4. Employee complete the form, including the Bank Routing Number and Account Number. Instructions are attached to assist in providing this information. The employee may verify this information with their bank if uncertain or contact the Payroll office for assistance at 434.5291. Employee must attach a voided check (for checking account routing) or a deposit slip (for savings account routing).
- 5. Employee send or bring the completed form to the Community Colleges of Spokane Payroll office, 501 N. Riverpoint Blvd., Suite 204, MS #1006, P.O. Box 6000, Spokane, WA 99217-6000.
- 6. <u>Direct Deposit Implementation</u>
  - a. The Payroll office adds the employee's banking information to the employee's payroll record.
  - b. The employee receives their next scheduled paycheck in the standard check format.
  - c. The second scheduled paycheck will be deposited directly to the employee's bank account.
- 7. <u>Direct Deposit Changes</u> all changes require submission of a new direct deposit form. Complete the Procedures for Direct Deposit,, steps 3-6 above, to change direct deposit banking information.
- 8. <u>Terminating Direct Deposit</u> an employee may terminate Direct Deposit at any time by submitting a Direct Deposit Form with the word "TERMINATE" written in the upper right hand corner of the form. The employee's SID# and signature must be included on the form. After termination of the Direct Deposit or separation from employment, the employee's final paycheck will be mailed to their home address.
- 9. <u>Payroll Earnings Notification</u> payroll information, including gross pay, deductions, net pay and leave balances are provided each pay day on the Employee Compensation Internet Website at <a href="http://inet.ccs.spokane.edu/busoff/EmpComp.htm">http://inet.ccs.spokane.edu/busoff/EmpComp.htm</a>. Select "Employee Earnings and Leave History". Your System Identification Number (SID#) and Personal Identification Number (PIN#) are required to access this secure web site.

Reminder! The Direct Deposit will go into effect on the <u>second</u> payroll payment after the receipt of the Direct Deposit Form, provided payroll cutoff dates are met.



#### STATE OF WASHINGTON

## COMMUNITY COLLEGES OF SPOKANE DIRECT DEPOSIT AUTHORIZATION FORM

<b>Employee:</b> (1) Complete this form, sign	n, and date:				
(2) You must attach a voice	•	_		posit slip (for	savings account
<u>routing</u> ) and send the completed form to your Payroll Office.  EMPLOYEE NAME (Last, First, Initial) SYSTEM IDENTIFICATION# * AGENCY AGENCY CODE					
EMPLOYEE NAME (Last, First, Initial)	SYSTEM IDENTIFICATION# *		AGENCY CCS	676	Y CODE
EMPLOYEE'S ADDRESS		<u> </u>	DAYTIN	ME TELEPHONE	
*Provide your employee identification num requested to ensure accurate handling.	nber if avai	lable; otherwise, v	oluntary disclosure	of your socia	I security number is
In accordance with RCW 43.41.180, I hereby transfer the full amount of my state salary, a deposit in my account.					
CHECK ONE:					
	CHECKING SAVINGS ACCOUNT SAVINGS				
In the event that CCS may be legally obligated that CCS shall have the authority to immediate the electronic transmission for this and payable to me, I hereby authorize CCS seek full reimbursement by whatever means If any action taken by me, without a by the designated financial institution, I upayments until the funds are returned to CC. This authority is in force until write authorization will not be in effect for any pay	ately terminals authorization of the either was appropriated and equate no enderstand to the standard ten notificals.	on for any reason rewithhold a sum equate. tification to the CCS assumes ancial institution.	esults in an overpaymal to the overpayme  Payroll office, result no responsibility for me regarding it	zation.  nent of salary on the from my nests in non-acceptor processing stermination,	or wages actually due ext salary payment or ptance of the transfer supplemental payroll
EMPLOYEE'S SIGNATURE	DATE				
NAME OF FINANCIAL INSTITUTION	ADDRESS OF FINANCIAL INSTITUTION				
PHONE NUMBER OF FINANCIAL INSTITUTION		DATE			
NUMI	BER OF DEP	OSITOR ACCOUNT	TO BE CREDITED		
	 nber	Accoun	t Number		

Explanation of routing and account number is attached.

(Rev 12/03)

The Direct Deposit Authorization Form requires information regarding your Bank Routing Number and Check number.

These numbers can be located on your Checks as shown below.

